

Sustaining HPV Vaccination Service Delivery in Kenya

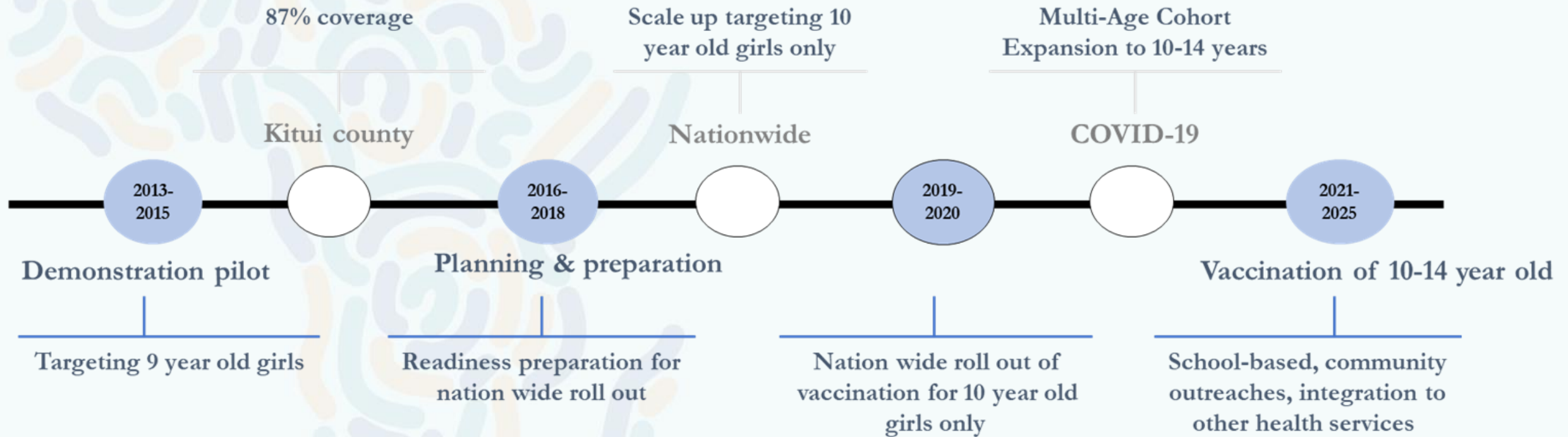
National Vaccines & Immunization Program

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Cervical Cancer Burden in Kenya

- Cervical cancer is the second common cancer amongst women (5,845) in Kenya (GLOBOCAN 2022)
- Cervical cancer is the leading cause of cancer deaths among women in Kenya
- 10 women die every day of cervical cancer (3,591)

HPV Vaccination Journey in Kenya



HPV Vaccination Service Delivery Models

HPV Vaccination delivery is through health facility-based model complemented by;

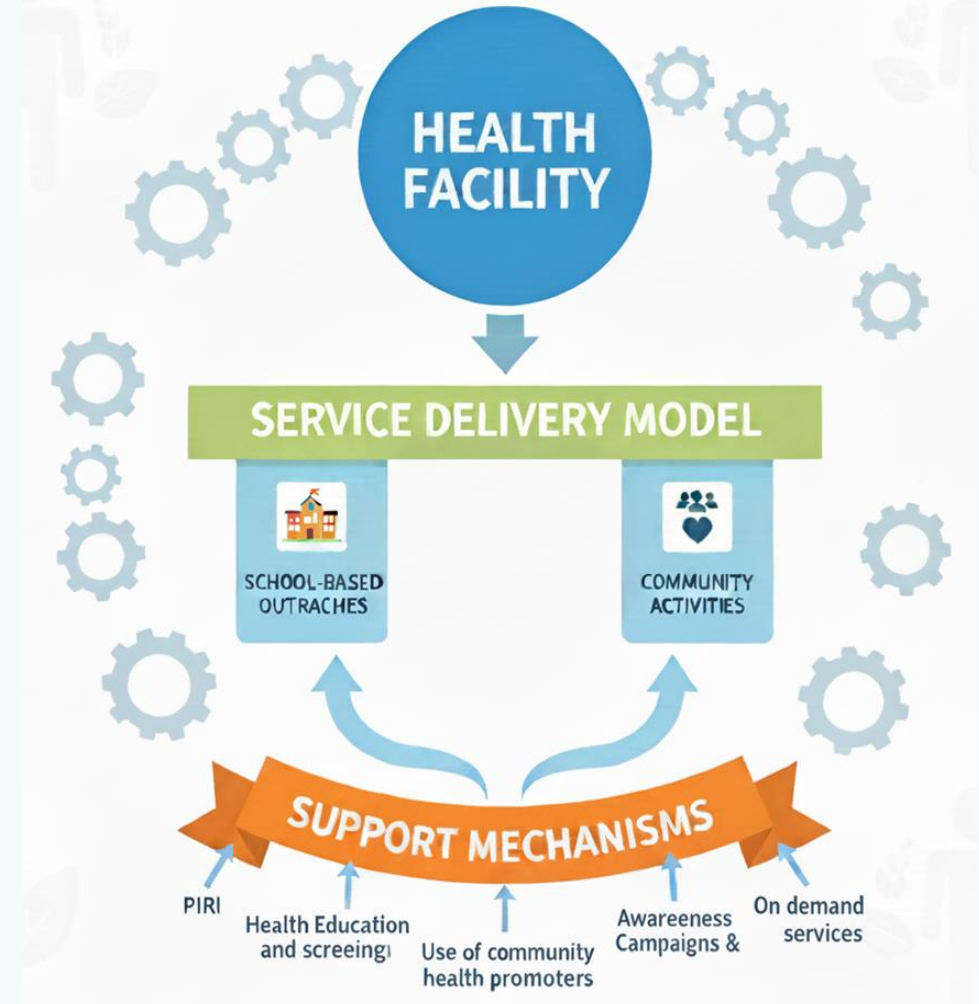
- ★ School-based outreaches
- ★ Community outreaches

HPV Service delivery approaches for various settings

Combined school health programs and community outreach to expand reach and improve coverage

Routine and catch-up activities sustain momentum to strengthen immunization across the 47 counties

Ongoing Support mechanisms include Periodic intensification, health education and screening, use of CHPs, stakeholder engagement and demand generation campaigns



Coordination Mechanism

**Traditional (MOH
and MOE as core
institutional
leads)**

National level

Immunization Technical Working Group(TWG) oversees strategic planning, policy alignment, and multisectoral coordination.

Sub- national

Engagement of CHMT and County Education (MOE & TSC) drive localized implementation and school-facility linkages.

MOH Partners

They actively contribute as committee members across key thematic areas—Service Delivery, Demand Generation, Supply & Logistics, Monitoring & Evaluation, and Governance

Coordination Mechanism Cont...

Non-Traditional (Partners)

FBOs

Faith Based engagement to counter vaccine hesitancy and foster trust within communities

CSOs

CSOs collaboration actively contribute to the Demand Generation TWG, amplifying community voices and driving grassroots advocacy.

Health Professional Bodies

Health Professional Bodies- Strategic involvement of KPA, KOGS, and KNUN to champion HPV vaccination through clinical leadership, peer influence, and professional platforms.

Enablers and Barriers

Enablers

- Leveraged routine vaccine infrastructure
- Coordinated school health framework
- Transition from 2 doses to single dose

- Strengthen Community strategy
- Robust intersectoral coordination structures(MOE,MOH)

Barriers

- - Inconsistent interventions weakening impact and continuity
- - Constrained awareness and demand creation educes caregiver understanding and adolescent engagement

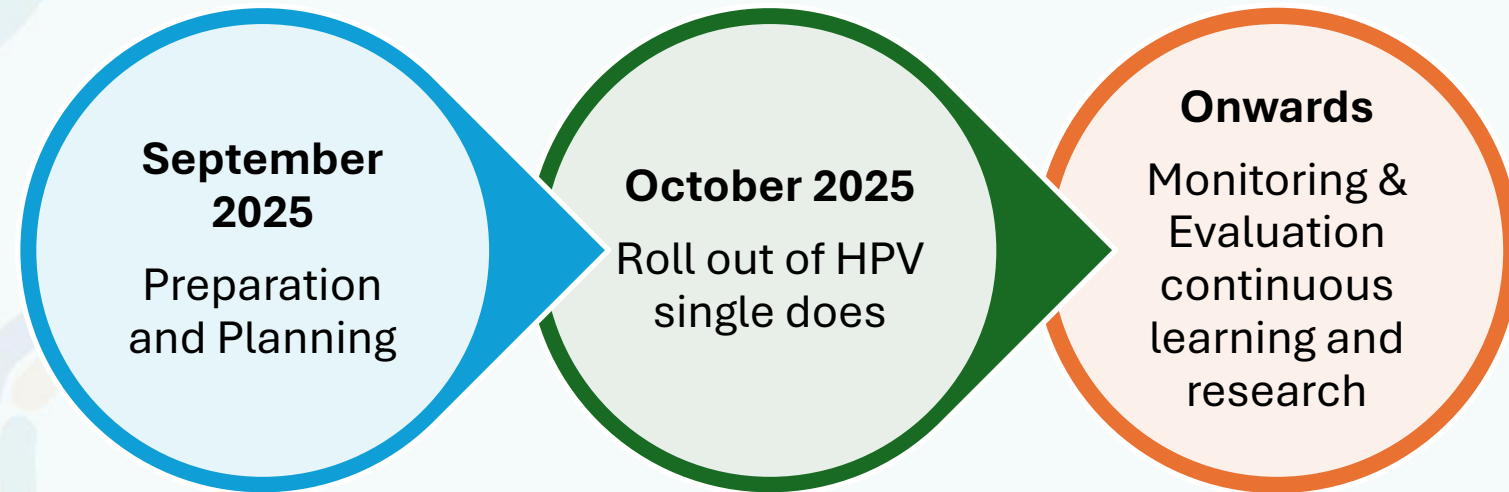
- - Myths, misconceptions, misinformation and disinformation undermine trust in the vaccine
- - Sociocultural beliefs and taboos on sex education impedes open dialogue and informed consent

Transition to Single Dose

Kenya is transitioning from the current two-dose schedule to a single-dose regimen following recommendations from the Kenya National Immunization Technical Advisory Group (KENITAG)

The switch aims to:

- Effective vaccine delivery
- Improve coverage
- Reduce missed opportunities
- Optimize resources
- Maintain effective protection against HPV



Sustainability for Service Delivery

Integration of HPV vaccination into adolescent responsive routine health services

Sustained demand and engagement through continuous demand creation and stakeholder engagement

Pilot and scale up innovative approaches to reach hard-to-reach girls and out-of-school girls

Enhanced research and knowledge-sharing platforms

Advocacy for HPV Immunization resource allocation in national and partner budget

Integrated immunization services within the Social Health Authority and Private Insurance Schemes

Acknowledgements

